**Student Application**

Students are expected to have a basic vocabulary, understand very simple oral language, and be able to write simple sentences in English. Students who have successfully completed at least one year of English as part of their school studies or one course at a language institute or have other English experience typically satisfy the basic knowledge requirement. Students who are not sure if they meet this minimum requirement should submit a short sample of their writing with their application.

**Application Instructions**

Your application file will be reviewed only after all the required documents have been received. Please be sure to include the following when submitting your application:

- A completed application form, signed and dated
- An official copy and English translation of your grades - from high school or University - mailed in a sealed envelope directly from your school
- An official financial support statement from your bank, sponsor or guardian certifying that you have at least US $5,500 available for each term at INTERLINK
- $100.00 non-refundable application fee
- Optional postage fee of $50.00 (for FedEx or DHL)
- A copy of your passport (identity page)
- Campus safety form (for UNCG only)

**Payment Options:**

- Bank Wire - contact the center you are applying to for wiring instructions
- Check - make check payable to INTERLINK Language Centers
- Credit Card - follow this link for the credit card authorization form:

Fax, mail or e-mail application materials directly to the appropriate center:

<table>
<thead>
<tr>
<th>INTERLINK Language Center</th>
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<th>INTERLINK Language Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana State University</td>
<td>The University of North Carolina</td>
<td>Valparaiso University</td>
</tr>
<tr>
<td>Root Hall, Room A141S</td>
<td>at Greensboro</td>
<td>Valparaiso University</td>
</tr>
<tr>
<td>Terre Haute, Indiana</td>
<td>Foust Building, Room 205</td>
<td>60 University Dr. Suite 100</td>
</tr>
<tr>
<td>USA 47809</td>
<td>Greensboro, North Carolina</td>
<td>Valparaiso, Indiana,</td>
</tr>
<tr>
<td>Fax: (812) 237-8031</td>
<td>USA 27402-6170</td>
<td>USA 46383-6493</td>
</tr>
<tr>
<td><a href="mailto:isu@interlink.edu">isu@interlink.edu</a></td>
<td>Fax: (336) 334-4701</td>
<td>Fax: (219) 464-6846</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:uncg@interlink.edu">uncg@interlink.edu</a></td>
<td><a href="mailto:vu@interlink.edu">vu@interlink.edu</a></td>
</tr>
</tbody>
</table>
I. Required Information
You must fill out all the information in this section. If you omit any required information, the application will be considered incomplete. Where applicable, enter the information as it appears on your passport.

Please select the center you wish to attend:

❑ Indiana State University
❑ The University of North Carolina at Greensboro
❑ Valparaiso University

Family Name: ___________________________________

First Name: __________________________

Email Address: ________________________________

Telephone Number: ________________________________

Address (residence)
Do not leave any section blank. If there is no State or Province or no Postal Code, write “none.”

P.O. Box or Street Number: ________________________________

City: ________________________________

State or Province: ________________________________

Postal Code: ________________________________

Country: ________________________________

Mailing Address
If your mailing address is the same as your residence, write “same” below. If you mailing address is different, write your complete mailing address below.

____________________________________________________________________________

____________________________________________________________________________

Fax Number: ________________________________

Country of Birth: ________________________________

Country of Citizenship: ________________________________
Date of Birth: Day______ Month______ Year______
Your Date of Birth must be the same as on your passport.

Gender:  ☐ Male  ☐ Female

Marital Status:  ☐ Married  ☐ Unmarried

If married, will your family accompany you?  ☐ Yes  ☐ No

If yes, complete Part III below.

Expected start of INTERLINK studies: Month_____ Year_____

Emergency Contact
Name: ___________________________________

Address: ____________________________________________________________________

Telephone Number: ________________________________

Email: ________________________________

Fax Number: ________________________________

II. Academic Information
Please answer all questions below as accurately as possible to facilitate the application process.

How many weeks do you expect to study at INTERLINK? _________

What do you plan to do after you study at INTERLINK?
☐ Study for BA/BS  ☐ Study for MA/MS  ☐ Study for PhD
☐ Return home  ☐ Travel in the US  ☐ Other

Where did you first hear about INTERLINK?
☐ Friend  ☐ INTERLINK Center  ☐ Other
☐ Relative  ☐ INTERLINK Representative
☐ INTERLINK Student  ☐ Study Abroad Agency
☐ Fulbright Office  ☐ INTERLINK Advertisement
☐ USIS Advertising  ☐ Internet
Highest education level completed: ❑ Secondary    ❑ University

Your field of study (major): ________________________________

Standardized English test
Name of test: ❑ TOEFL    ❑ TOEIC    ❑ Michigan    ❑ Other    ❑ None
Score: ____________________________
Date: Day_____ Month _____ Year _____

Rank your English ability
Speaking: ❑ Very Good    ❑ Good    ❑ Fair    ❑ Poor    ❑ No Ability
Listening: ❑ Very Good    ❑ Good    ❑ Fair    ❑ Poor    ❑ No Ability
Reading: ❑ Very Good    ❑ Good    ❑ Fair    ❑ Poor    ❑ No Ability
Writing: ❑ Very Good    ❑ Good    ❑ Fair    ❑ Poor    ❑ No Ability

Have you studied in the US before? ❑ Yes    ❑ No
If yes, name of program: ________________________________
Address of program: ________________________________

Rank housing options in order of your preference
1st Choice: ❑ No Housing Assistance Needed    ❑ University Residence Hall    ❑ Host Family    ❑ Apartment
2nd Choice: ❑ No Housing Assistance Needed    ❑ University Residence Hall    ❑ Host Family    ❑ Apartment
3rd Choice: ❑ No Housing Assistance Needed    ❑ University Residence Hall    ❑ Host Family    ❑ Apartment

Do you have any physical disability or health problems that will require special assistance?
❑ Yes    ❑ No
If yes, explain: ____________________________________________
Who will finance your education in the US?  ❑ Self  ❑ Family  ❑ Government  ❑ Other
If other, please specify: __________________________________________________________

Do you wish to receive your admission materials via express mail?  ❑ Yes  ❑ No
The charge for this service is $50

III. Family Members
If family members will accompany you to the U.S., you must provide information for each one.

Spouse
*Information must be exactly as it appears on passport.*

Full Name: __________________________________________
Date of Birth: Day_____ Month_____ Year_____
Country of Birth: ________________________________
Country of Citizenship: __________________________

Child 1
*Information must be exactly as it appears on passport.*

Full Name: __________________________________________
Date of Birth: Day_____ Month_____ Year_____
Gender:  ❑ Male  ❑ Female
Country of Birth: ________________________________
Country of Citizenship: __________________________

Child 2
*Information must be exactly as it appears on passport.*

Full Name: __________________________________________
Date of Birth: Day_____ Month_____ Year_____
Gender:  ❑ Male  ❑ Female
Country of Birth: ________________________________
Country of Citizenship: __________________________
Child 3
*Information must be exactly as it appears on passport.*

Full Name: _______________________________________

Date of Birth: Day____  Month_____ Year_____

Gender:  ❑ Male    ❑ Female

Country of Birth: ___________________________________

Country of Citizenship: _____________________________

Child 4
*Information must be exactly as it appears on passport.*

Full Name: _______________________________________

Date of Birth: Day____  Month_____ Year_____

Gender:  ❑ Male    ❑ Female

Country of Birth: ___________________________________

Country of Citizenship: _____________________________

**Agreement Terms**

I understand the terms of my admission and agree to abide by the rules of the Center and of the University. I, and/or my sponsor, will be fully responsible for the cost of my studies while at INTERLINK. Further, I authorize release of my credentials and of my medical records for medical and insurance purposes; I also authorize treatment of any illness or injury by qualified health personnel during my attendance at INTERLINK.

❑ I AGREE

_________________________________________  ______________________
Applicants or Sponsors Signature                  Date